

SERIAL NUMBER 09/199,933	FILING DATE 11/25/98 Rule47	CLASS 405	GROUP ART UNIT 3672	ATTORNEY DOCKET NO. 1002-124B
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APPLICANT

KEVIN T. BURT, COLUMBUS, OH; MIGUEL TERC, ATLANTA, GA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED PROVISIONAL APPLICATION NO. 60/066,588 11/26/97

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

*Wm*

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

*Wm*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 01/04/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OH	SHEETS DRAWING 11	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS JEFFREY S STANLEY ESQ STANLEY & GILCREST 495 METRO PLACE SOUTH SUITE 210 DUBLIN OH 43017
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TITLE SEAWALL PANEL
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FILING FEE RECEIVED \$890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Bib Data Sheet

CONFIRMATION NO. 4246

SERIAL NUMBER 09/199,933	FILING DATE 11/25/1998 RULE 1.47	CLASS 405	GROUP ART UNIT 3673	ATTORNEY DOCKET NO. 1002-124B
APPLICANTS KEVIN T. BURT, COLUMBUS, OH; MIGUEL TERC, ATLANTA, GA;				
** CONTINUING DATA ***** This appln claims benefit of 60/066,588 11/26/1997				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED				
<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met before <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met at service				
35 USC 119 (a-d) conditions met	STATE OR COUNTRY OH	SHEETS DRAWING 11	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
Verified and Acknowledged Examiner's Signature	Initials			
ADDRESS 8698				
TITLE SEAWALL PANEL	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees (Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			
FILING FEE RECEIVED 944	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			